Certified Specialist in Gerontological Nutrition Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **How many days of emergency food supplies is it optimal to have on hand?**
   - **A. 1 week (7 days)**
   - **B. 2 weeks (14 days)**
   - **C. 1 month (30 days)**
   - **D. 1 day**

2. **What are the normal hemoglobin levels for men and women?**
   - **A. 12-16 for both men and women**
   - **B. 12-16 for men, 14-18 for women**
   - **C. 14-18 for both men and women**
   - **D. 14-18 for men, 12-16 for women**

3. **Which of the following is an underlying cause of anemia?**
   - **A. Blood Loss**
   - **B. Deficient Erythropoiesis**
   - **C. Excessive Hemolysis**
   - **D. All of the Above**

4. **Which of the following is a symptom of nutritional deficiencies?**
   - **A. Weakness**
   - **B. Shortness of Breath**
   - **C. General Fatigue that can lead to impairment in activities of daily living**
   - **D. All of the Above**

5. **Anemia in chronic disease can be linked to which of the following conditions?**
   - **A. CHF**
   - **B. AIDS**
   - **C. Crohn's Disease**
   - **D. All of the Above**

6. What is the first step in the Nutrition Care Process?

- **A. Assessment**
- **B. Diagnosis**
- **C. Intervention**
- **D. Monitoring and Evaluation**

7. Which of the following is a tip for patients eating with Xerostomia?

- **A. Tart foods**
- **B. Peek liquids throughout the day**
- **C. Sugar-free lozenges/mints/candy/gum**
- **D. All of the Above**

8. What lab values are elevated in pernicious anemia?

- **A. Hgb, Hct, Serum Fe, MCH, and TIBC**
- **B. Hgb, Hct, Folate, and Serum B12**
- **C. MCV, Serum Fe, Ferritin, MCH, and Homocysteine**
- **D. Transferrin, Folate, MCV, and Homocysteine**

9. What does a Stage IV pressure ulcer entail?

- **A. Full-thickness with exposed bone, tendon, or muscle. Slough or eschar may be present. Often includes undermining or tunneling**
- **B. Full-thickness tissue loss. Subcutaneous fat may be visible, but bone/tendon/muscle are not exposed. Slough may be present.**
- **C. Partial-thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough**
- **D. Intact skin with nonblanchable redness of a localized area**

10. What medications are associated with causing hyperkalemia in enterally fed patients?

- **A. Spironolactone and Penicillin G Potassium**
- **B. Acetaminophen and MAOIs**
- **C. Propranolol and Barbiturates**
- **D. All of the Above**

Answers

1. B
2. D
3. D
4. D
5. D
6. A
7. D
8. D
9. A
10. A

Explanations

1. How many days of emergency food supplies is it optimal to have on hand?

A. 1 week (7 days)

B. 2 weeks (14 days)

C. 1 month (30 days)

D. 1 day

Having two weeks (14 days) of emergency food supplies is considered optimal because this duration allows individuals and families to sustain themselves through a variety of potential emergencies, such as natural disasters, pandemics, or disruptions in food supply. In many emergencies, it may take time for services to be restored or for individuals to access grocery stores, so having enough food for two weeks can help ensure that basic nutritional needs are met during this period. This timeframe enables a buffer for those who may be unable to shop or receive deliveries. It also provides adequate time for individuals to assess the situation and make decisions regarding additional food procurement or evacuations if necessary. Furthermore, planning for 14 days can help accommodate variations in dietary needs, ensuring that essential nutrients are still accessible. The other options may not fully account for the unpredictability of emergencies. While having just one day or one week of supplies may feel manageable, such limited provisions might lead to food shortages quickly if an emergency extends beyond that time frame. A month of supplies could be excessive for some situations, especially given the need for space and the potential for food spoilage. Therefore, 14 days strikes a balance between preparedness and practicality.

2. What are the normal hemoglobin levels for men and women?

A. 12-16 for both men and women

B. 12-16 for men, 14-18 for women

C. 14-18 for both men and women

D. 14-18 for men, 12-16 for women

The normal hemoglobin levels vary by sex due to physiological differences. For men, a typical reference range is approximately 14 to 18 grams per deciliter (g/dL), while for women, the normal range is generally from 12 to 16 g/dL. These values represent the amount of hemoglobin, a protein in red blood cells responsible for carrying oxygen, and they can be influenced by various factors such as age, altitude, and overall health. Maintaining appropriate hemoglobin levels is crucial for ensuring sufficient oxygen delivery to tissues and organs, which can be especially important in gerontological nutrition, where anemia can be a common issue among older adults. Understanding these ranges helps healthcare providers assess patients' nutritional status and manage any conditions that may influence hemoglobin levels. The other options do not accurately reflect the accepted clinical ranges for hemoglobin levels in men and women, which is why they are not considered correct.

3. Which of the following is an underlying cause of anemia?

A. Blood Loss

B. Deficient Erythropoiesis

C. Excessive Hemolysis

D. All of the Above

Anemia can result from various underlying causes, and all the options listed contribute to its development. Blood loss refers to the loss of red blood cells, which can occur due to numerous reasons such as gastrointestinal bleeding, heavy menstrual periods, or injury. This loss leads to a decrease in hemoglobin, the protein vital for oxygen transport in the blood. Deficient erythropoiesis, which is the reduced production of red blood cells in the bone marrow, can occur due to nutritional deficiencies (such as iron, vitamin B12, or folate), chronic diseases, or bone marrow disorders. This condition results in fewer red blood cells being available for circulation and can directly lead to anemia. Excessive hemolysis refers to the premature destruction of red blood cells, which can be due to autoimmune conditions, infections, or inherited disorders like sickle cell disease. A high rate of hemolysis outpaces the body's ability to produce new red blood cells, leading to a deficit and eventually anemia. Since each of these causes—blood loss, deficient erythropoiesis, and excessive hemolysis—can independently lead to anemia, recognizing that all of these factors contribute to the condition emphasizes the complexity of anemia's etiology. Thus, acknowledging all

4. Which of the following is a symptom of nutritional deficiencies?

A. Weakness

B. Shortness of Breath

C. General Fatigue that can lead to impairment in activities of daily living

D. All of the Above

The presence of symptoms such as weakness, shortness of breath, and general fatigue can all be indicators of nutritional deficiencies. Each of these symptoms plays a significant role in understanding how inadequate nutrition can manifest in the body, particularly in older adults. Weakness is often associated with muscle loss or insufficient energy intake, which can arise from deficiencies in key nutrients such as protein, vitamins, and minerals. In older adults, this can lead to decreased muscle mass and strength, making them more susceptible to falls and injuries. Shortness of breath may result from various nutritional deficiencies, including iron deficiency anemia, where a lack of iron affects the transport of oxygen in the blood, leading to decreased oxygen delivery to tissues. This can cause fatigue and limit physical exertion capabilities. General fatigue is a very prevalent symptom that reflects the body's inability to perform effectively due to insufficient energy or nutrients. This fatigue can indeed lead to impairment in activities of daily living, given that maintaining energy levels and physical endurance is essential for independence and overall quality of life. Thus, recognizing that all of these symptoms are interconnected and can collectively indicate nutritional deficiencies underscores the importance of a comprehensive approach to nutritional health in geriatric populations.

5. Anemia in chronic disease can be linked to which of the following conditions?

A. CHF

B. AIDS

C. Crohn's Disease

D. All of the Above

Anemia in chronic disease, also known as anemia of chronic inflammation, can develop in a variety of conditions due to the body's response to prolonged illness or inflammation. This response often includes the sequestration of iron, changes in erythropoietin production, and alterations in red blood cell lifespan. In congestive heart failure (CHF), the body's prolonged inflammatory response can lead to anemia. This may be due to chronic kidney disease associated with CHF, which affects erythropoietin production, further contributing to anemia. AIDS is another condition linked with anemia in chronic disease. Patients with HIV/AIDS often experience anemia due to the systemic inflammation caused by the virus, as well as complications from opportunistic infections and certain treatments that can affect red blood cell production. In Crohn's disease, a type of inflammatory bowel disease, anemia can arise from chronic inflammation, malabsorption of nutrients (including iron and vitamin B12), and blood loss from the gastrointestinal tract. The ongoing inflammation affects normal erythropoiesis, leading to anemia. Since all of these conditions are associated with chronic inflammation or health challenges that can contribute to the development of anemia, choosing "All of the Above" encapsulates the link between anemia in chronic disease and these specific conditions

6. What is the first step in the Nutrition Care Process?

A. Assessment

B. Diagnosis

C. Intervention

D. Monitoring and Evaluation

The Nutrition Care Process is a systematic approach to providing high-quality nutrition care that includes several key steps: assessment, diagnosis, intervention, and monitoring and evaluation. The first step, assessment, involves gathering and analyzing relevant information about the individual. This includes collecting data on their dietary habits, health status, nutritional needs, medical history, lifestyle factors, and any other information that will help to understand their unique situation. This initial step is crucial because it lays the groundwork for subsequent decisions in the care process. A thorough assessment allows for accurate identification of nutritional needs and potential issues that may impact an individual's health and nutritional status. By establishing a clear picture of the individual's current state, healthcare providers can develop tailored interventions and effective treatment plans that are specific to their needs. In summary, the assessment phase is essential as it provides the necessary insights and data that inform the diagnostic and intervention stages, ultimately leading to improved health outcomes for the individual.

7. Which of the following is a tip for patients eating with Xerostomia?

A. Tart foods

B. Peek liquids throughout the day

C. Sugar-free lozenges/mints/candy/gum

D. All of the Above

For individuals experiencing xerostomia, or dry mouth, incorporating strategies to enhance salivary flow and improve the eating experience is crucial. The correct answer is comprehensive because it encompasses multiple effective approaches to manage dry mouth. Tart foods can stimulate salivation by triggering a reflex that activates the salivary glands. Although consuming them may be uncomfortable for some, they can be beneficial for others in small amounts as they help to promote saliva production. Frequent intake of liquids throughout the day is essential for individuals with xerostomia. Staying hydrated not only helps moisten the mouth but also aids in digesting food and alleviating discomfort associated with dry mouth. Sugar-free lozenges, mints, candy, and gum are particularly important as they can help stimulate salivary flow. These products are designed to be soothing and can encourage saliva production without the negative effects that sugary options may pose, such as an increased risk of dental cavities. By integrating all of these strategies, patients can better manage their xerostomia. Therefore, recognizing the benefits of tart foods, consistent fluid intake, and the use of sugar-free products provides a holistic approach to improving the health and comfort of individuals with dry mouth.

8. What lab values are elevated in pernicious anemia?

A. Hgb, Hct, Serum Fe, MCH, and TIBC

B. Hgb, Hct, Folate, and Serum B12

C. MCV, Serum Fe, Ferritin, MCH, and Homocysteine

D. Transferrin, Folate, MCV, and Homocysteine

In pernicious anemia, the lab values that are typically elevated include MCV (Mean Corpuscular Volume) and Homocysteine. Pernicious anemia is primarily caused by an inability to absorb vitamin B12 due to a lack of intrinsic factor, which can lead to macrocytic anemia characterized by larger-than-normal red blood cells. Therefore, MCV values are elevated as the individual's body produces fewer but larger red blood cells. Homocysteine levels can also become elevated because vitamin B12 is necessary for converting homocysteine into methionine. Without adequate vitamin B12, this conversion process is impaired, leading to an accumulation of homocysteine in the blood. While values like transferrin and folate may reflect other processes in the body, they are not definitive indicators of pernicious anemia in terms of elevation directly related to this condition. Thus, the combination of elevated MCV and homocysteine specifically aligns with the pathophysiology of pernicious anemia.

9. What does a Stage IV pressure ulcer entail?

A. Full-thickness with exposed bone, tendon, or muscle. Slough or eschar may be present. Often includes undermining or tunneling

B. Full-thickness tissue loss. Subcutaneous fat may be visible, but bone/tendon/muscle are not exposed. Slough may be present.

C. Partial-thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough

D. Intact skin with nonblanchable redness of a localized area

A Stage IV pressure ulcer is characterized by full-thickness tissue loss where there is often exposure of bone, tendon, or muscle. This severity indicates a significant depth of the ulcer, resulting from prolonged pressure that compromises blood flow to the skin and underlying tissues. The presence of slough or eschar is also common at this stage, as necrotic tissue can occur due to the extensive damage. Additionally, because the ulcer has progressed to this severity, patients may experience undermining or tunneling, which indicates that the wound extends into deeper layers of tissue beyond the edge of the visible ulcer. The damage at this stage showcases the serious implications of pressure ulcers, including the risk for infection and the need for advanced treatment approaches, emphasizing the importance of routine assessment and preventative strategies in at-risk populations such as the elderly.

10. What medications are associated with causing hyperkalemia in enterally fed patients?

A. Spironolactone and Penicillin G Potassium

B. Acetaminophen and MAOIs

C. Propranolol and Barbiturates

D. All of the Above

The medications that are specifically associated with causing hyperkalemia in enterally fed patients are primarily potassium-sparing diuretics like spironolactone and medications such as Penicillin G Potassium, which can contribute to elevated potassium levels. Spironolactone acts as an aldosterone antagonist, preventing the excretion of potassium in the urine, which can lead to accumulation of potassium in the bloodstream, particularly in patients with kidney dysfunction or when potassium intake is increased through enteral feeding. Penicillin G Potassium, when administered, provides additional potassium to the patient and could result in hyperkalemia, especially when dietary potassium is already high or renal function is compromised. In contrast, acetaminophen and MAOIs do not have a significant impact on potassium levels and are not linked to hyperkalemia in enterally fed patients. Propranolol and barbiturates also do not cause hyperkalemia. Therefore, the correct response is focused on the specific interactions and impacts of spironolactone and penicillin G potassium regarding potassium levels in enterally fed patients.